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CONFIRMATION NO. 9318

|  |   |                                   |   |  |                                |
|--|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/530,711   | <b>FILING OR 371(c) DATE</b><br>09/13/2005<br><b>RULE</b>   | <b>CLASS</b><br>285               | <b>GROUP ART UNIT</b><br>3679   | <b>ATTORNEY DOCKET NO.</b><br>403371/Weinstein |                                |
| <b>APPLICANTS</b><br>Jean-Pierre Ghilardi, Montlignon, FRANCE;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/03005 10/10/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0212694 10/11/2002 <i>OK</i>   |   |                                   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/30/2006</b>   |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>8                       | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>23548  |   |                                   |   |  |                                |
| <b>TITLE</b><br>Swivel joint system  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1160   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |